L20 0000 93682

(Requestor's Name)	
(Address)	8003692
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	07/07/210104
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



89378

41--013 ******30.00



n BRUCE JUL 28 2021

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations LARAS GENERAL SERVICES LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ANA M MARTO Name of Person Firm/Company 420 ALADDIN ST APT 605 Address OPA LOCKA, FL 33054 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANA M MARTO Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$55.00 Filing Fee & □ \$60.00 Filing Fec. **\$30.00** Filing Fee & Certificate of Status Certified Copy Certificate of Status & D (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARAS GENERAL SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/31/2020}{1}$ and assigned Florida document number <u>L2000</u>0093682 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida ₋

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JUAN JOSE LARA DAVID	420 ALADDIN ST APT 605	⊟ Add
		OPA LOCKA, FL 33054	□Remove
			□Change
	··		□Add
			□ Remove
			Change
			□Add
			□ Remove
			□Change
			□ Remove
			□ Change
			☐Remove
			□Change
			□Adđ
		-	□Remove
			□ Chango

······································	<u>(~)</u>
· · · · · · · · · · · · · · · · · · ·	· (
 	
	<u> </u>
	<u></u>
\cdot .	9
fective date, if other than the date of filing: (optional) In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuante: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	nt to 605.

Filing Fee: \$25.00